Supreme Court, U. S.
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MICHAEL RODAK, JR., CLERK

IN THE

Supreme Court of the United States

OCTOBER TERM, 1976

No. 76-927

HAROLD S. RIFKIN,

Petitioner,

v.

THE UNITED STATES

Petition for a Writ of Certiorari
to the United States Court of Claims

CORRECTION OF ERRATA IN PETITION

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Page (i). So much of Table of Contents as reads: "Appendix *C* – Opinion of the United States Court of Claims, filed July 2, 1976. . . .

Page 34a," and "Appendix *D* – Order of the United States Court of Claims, filed *May 19,* 1976, denying rehearing . . . 114a," should read:

"Appendix *D* – Opinion of the United States Court of Claims, filed July 2, 1975 . . . 34a," and

"Appendix *E* – Order of the United States Court of Claims, filed *June 25,* 1976, denying rehearing . . . 114a."

Page 28. So much as reads: "Harold *F.* Rifkin, Pro Se" should read: "Harold *S.* Rifkin, Pro Se."

Page 114a. Should be headed: "APPENDIX E".

Additionally, we are attaching hereto Exhibit A "Operation Report" and Exhibit B "Convalescent Report" which inadvertently were omitted as part of Appendix B to the Petition for Writ of Certiorari.

Respectfully submitted,

HAROLD S. RIFKIN, *Pro Se*
CMR Box 3787
APO New York, New York 09057

EXHIBIT A to APPENDIX B

OPERATION REPORT

FROM MR DONALD ROSS

The Harley Street Clinic
May 22nd, 1976

25 UPPER WIMPOLE STREET
LONDON. W1M 7TA.
01-935 6805

Patient:	Mr. Harold S. Rifkin aet 49
Anaesthetist:	Dr. R. Vale
Assistants:	Dr. M. Farrag/Dr. F. Sallum
Operation:	Left anterior descending and Right coronary saphenous vein grafts

A length of saphenous vein was removed from the patient's left leg.

Midsternal incision. The appearances were those of a small and actively contractile heart. There was no evidence of recent or old infarction.

Bypass was set up with cooling and the anterior descending artery was opened in its middle third. This vessel had a good lumen with a healthy looking wall and about 1.5mm. in diameter. A probe could be run easily to the apex, and centrally as far as the junction with the circumflex.

3

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An anastomosis was carried out at this point during a brief period of ischaemic arrest and using 6/0 Prolene. The circulation through the heart was restarted and the proximal end was anastomosed to the ascending aorta using 5/0 Prolene.

The right coronary was now explored and seen to be a solid cord down as far as the posterior descending branch. This vessel however looked quite healthy and was opened into. It had a good lumen and a healthy wall, and a further anastomosis was now carried out at this point again during a brief period of ischaemic arrest of about 6 minutes.

Rewarming was carried out, and the heart came off bypass without difficulty. During this period, the proximal end of the right coronary was anastomosed to the ascending aorta with 5/0 Prolene. Heart rhythm was undisturbed throughout.

Routine closure.

EXHIBIT B to APPENDIX B

DR. BRIAN PIGOTT

RESIDENCE:
48 SOUTH EATON PLACE, S.W.1.
01-730 1814

8 UPPER WIMPOLE STREET, W1M 7TD
01-935 8337

Convalescence: Mr. Ross advises a convalescent period of three months from the date of operation during which you should slowly regain your strength and resume normal physical activities and through which you should have no more involvment than is absolutely essential with office matters.

Work: resumption of work following this three month period should be gradual and during the first month back you should attempt a half day only. Thereafter, and through the future you should work within the limits of your system, avoiding undue fatigue and allowing sufficient time for meals during the day and for relaxation in the evenings. Adequate and extra rest should be taken during periods of more than usual stress and evening social commitments should be avoided where possible in such circumstances. Youshould not work at weekends unless it is strictly necessary and you should take yourfull vacation periods.

Exercise: time should be found to allow you to take a daily walk lasting at least 30 minutes and if it were possible to do such a walk twice daily it would be to your advantage.

Weight: you should maintain your weight at or just beneath its correct level by limiting your intake of the carbohydrate foods: bread, potatoes, sugar, cakes, biscuits, pastries, pastas and rice.

Diet: avoid fatty meat and the fat of meat and avoid cream. Flora margarine should be substituted for butter and corn oil (mazola) for ordinary cooking fat. Skimmed milk or low fat powdered milk such as Marvel is preferable to ordinary milk. And you should have only one egg weekly.

Medicines: the medicines that you are taking at present should be continued for a total of three months from operation and thereafter you should need none. Atromid (clofibrate) will be required if the cholesterol and triglyceride levels are found to be elevated.

Alcohol: in moderation is in order but cigarette smoking is harmful and cigars except on rare occasions are undesirable.